

CLAIMS ONLY						Application Number <i>101618071</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	<i>1</i>						
2	<i>1</i>						
3	<i>1</i>						
4							
5	<i>2</i>						
6	<i>1</i>						
7	<i>1</i>						
8	<i>1</i>						
9	<i>1</i>						
10	<i>1</i>						
11	<i>1</i>						
12	<i>1</i>						
13	<i>2</i>						
14	<i>2</i>						
15	<i>1</i>						
16	<i>1</i>						
17	<i>1</i>						
18	<i>1</i>						
19	<i>1</i>						
20	<i>2</i>						
21	<i>2</i>						
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48							
49							
50							
Total Indep	<i>5</i>						
Total Depend	<i>34</i>						
Total Claims	<i>41</i>						